

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/07597732 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 4 <sup>TH</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6	/		/				56						
7	2		/				57						
8	/		/				58						
9	/		/				59						
10	2		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	0		/				66						
17	/		/				67						
18	/		/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
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25							75						
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28							78						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2										
TOTAL DEP.	18	←	21	←		←							
TOTAL CLAIMS	25	[REDACTED]	28	[REDACTED]									